

**STORM WATER POLLUTION PREVENTION PLAN  
REVIEW CHECKSHEET**

1. Are designated storage areas located away from storm drains/out fall points? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are weekly inspections conducted for good housekeeping, spill prevention, and hazardous material storage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Are spill plans, Storm Water Pollution Prevention Plan (SWPPP) and emergency response spill kits readily available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Are drip pans under vehicles being utilized and emptied after rain fall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Is the facility inspected after each rain fall event and ASTs and secondary containments being drained? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, is there a sheen on standing water? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Are curbs or obvious drainage areas clean of debris and/or trash? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Do storm drains/ditches/outfall areas show evidence of spills? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Have personnel received Storm Water Pollution Prevention training? <input type="checkbox"/> Yes <input type="checkbox"/> No Has a storm water compliance monitor been appointed in writing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Are good housekeeping/best management practices being observed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Are hazardous materials stored in a manner that protects them from storm water? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Are oil/water separators being maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Have spill control awareness signs been posted, identifying the location of emergency spill control kits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Are inspection check sheets being maintained IAW AR 25-400-2? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ADDITIONAL COMMENTS:	
Unit Representative	MM/DD/YYYY  / / Date
DEQ Representative	MM/DD/YYYY  / / Date